PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notificat	correspondence includired below or directed oth	- Al- Dotomt	adviance of	dama and notification	of m orres	naintenance fees wordence address;	and/or (b) indicating a sepa	rate "FEE ADDRESS" f		
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
25944 7590 08/11/2008 OLIFF & BERRIDGE, PLC P.O. BOX 320850 ALEXANDRIA, VA 22320-4850						Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
									(Depositor's name	e)	
									(Signature	e)	
						· · · · · · · · · · · · · · · · · · ·			(Date	e)	
APPLICATION NO. FILING DATE			FIRST NAMED INVE			R ATTORNEY DOCKET NO. CON			CONFIRMATION NO.		
10/810,576 03/29/2004		L	Masafumi Inoue			113721.01			9518	_	
TITLE OF INVENTION	: INSECTICIDE TRAN	SPIRATION A	APPARATI	US							
									DATE DUE		
APPLN. TYPE	SMALL ENTITY	ISSUE FE	E DUE	PUBLICATION FEE DUE		PREV. PAID ISSUI	FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	nonprovisional NO		40	\$300		\$0		\$1740	11/12/2008		
EXAMINER		ART U	NIT	CLASS-SUBCLASS							
LEVY, 1	161	.5	424-405000								
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRI	NTED ON	THE PATENT (print o	or typ	e)				_	
PLEASE NOTE: Unl recordation as set forth	ess an assignee is ident h in 37 CFR 3.11. Comp	ified below, no bletion of this	o assignee form is NO						ocument has been filed f	or	
(A) NAME OF ASSIGNEE				(B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Dainihon Jochugiku Co., Ltd.				Osaka, Japan							
Please check the appropri	iate assignee category or	categories (w							oup entity Governmen	nt	
4a. The following fee(s) are submitted:				 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0461 (enclose an extra copy of this form). 							
	s SMALL ENTITY statu	is. See 37 CFI		☐ b. Applicant is no	_	-				_	
NOTE: The Issue Fee and interest as shown by the r	d Publication Fee (if requeecords of the United Sta	uired) will not tes Patent and	t be accepte Trademark	d from anyone other the Coffice.	han th	ne applicant; a regi	stered att	orney or agent; or th	e assignee or other party	ın	
Authorized Signature	Jeren	D. Tue	i.			Date	10/31	1/08			
Typed or printed name		•		Registration N							
This collection of inform an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, V	ation is required by 37 C tiality is governed by 35 d application form to the ons for reducing this bu- irginia 22313-1450. DC	FR 1.311. The U.S.C. 122 as USPTO. Time rden, should be NOT SEND	e information of 37 CFR ne will vary be sent to the FEES OR	on is required to obtain 1.14. This collection is depending upon the c Chief Information C COMPLETED FORM	n or re is esti indivi Office IS TO	etain a benefit by t mated to take 12 r idual case. Any co r, U.S. Patent and THIS ADDRESS	he public ninutes to mments Trademants SEND	which is to file (and o complete, including on the amount of tirk of tirk Office, U.S. Depa TO: Commissioner	by the USPTO to proces g gathering, preparing, at ne you require to comple artment of Commerce, P.6 for Patents, P.O. Box 145	s) nd te O.	

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.